

DECLARATION FOR PATENT APPLICATION (Includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER CABH.P0002
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As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I (am~) the original, first and joint] inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CULTURE MEDIUM COMPOSITION, CULTURE METHOD, AND MYOBLASTS OBTAINED, AND THEIR USES

*the specification of which (check only one item below):

- is attached hereto.
- was filed as United States application
Serial No. *
on *,
and was amended on * (if applicable).
- was filed as PCT international application
Number *
on *,
and was amended under PCT Article 19
on * (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations § 1.56(a) and (b).

I hereby claim foreign priority benefits under Title 35 United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
France "PCT"	PCT/FR03/003691	Dec. 12, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
France	02 15 827	Dec. 13, 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Declaration for Patent Application (Continued) (Includes Reference to PCT International Applications)		ATTORNEY'S DOCKET NUMBER CABH.P0002		
<p>I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:				
U.S. APPLICATIONS		STATUS (Check one)		
U S APPLICATION NUMBER		U S FILING DATE	PATENTED	PENDING
*		*	*	*
PCT APPLICATIONS DESIGNATING THE U.S.		STATUS (Check one)		
PCT APPLICATION NUMBER		PCT FILING DATE	U S SERIAL NUMBERS ASSIGNED (<i>if any</i>)	PATENTED
*		*	*	*
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (<i>List name and registration number</i>)				
Mani Adeli Reg.No. 39, 585				
Send correspondence to: Mani Adeli 1875 Century Park East, Suite 1050, Los Angeles, CA 90067 US				Direct telephone calls to: (310) 785-0140 ext.301
201	FULL NAME OF INVENTOR	FAMILY NAME Pinset	FIRST GIVEN NAME Chirstian	SECOND GIVEN NAME *
	RESIDENCE & CITIZENSHIP	CITY Paria	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2 rue de Doudeauville	CITY Paris	STATE & ZIP CODE/COUNTRY 75724, France
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203	
DATE		DATE	DATE	